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Bib Data Sheet

CONFIRMATION NO. 9222

<b>SERIAL NUMBER</b> 10/646,298 ✓	<b>FILING OR 371(c) DATE</b> 08/22/2003 <b>RULE</b> ✓	<b>CLASS</b> 424 ✓	<b>GROUP ART UNIT</b> 1616 ✓	<b>ATTORNEY DOCKET NO.</b> PD06063 ✓	
<b>APPLICANTS</b> Stefan A. Sharpe, Jersey City, NJ; ✓ Joel A. Sequeira, Edison, NJ; ✓ <i>JHMA</i>					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/405,563 08/23/2002 <i>JHMA</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/28/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>James H. Sharpe</i> Examiner's Signature <i>JHMA</i> Initials		<b>STATE OR COUNTRY</b> NJ ✓	<b>SHEETS DRAWING</b> 0 ✓	<b>TOTAL CLAIMS</b> 28 26	<b>INDEPENDENT CLAIMS</b> 2 3
<b>ADDRESS</b> 24265 ✓					
<b>TITLE</b> Pharmaceutical compositions ✓					
<b>FILING FEE RECEIVED</b> 1050	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		